

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

3472

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson city  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2348 Joppis  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Jackson city  
(If outside city or town limits, write "RURAL")

(d) Street No. 2348 Joppis  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Stewart C Tucker

3. (b) If veteran, name war no

3. (c) Social Security No. 486-05-2430

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Bertha Tucker

6. (c) Age of husband or wife 53 years

7. Birth date of deceased Aug 30 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>59</u>	<u>11</u>	<u>13</u>		hr. _____ min. _____

9. Birthplace Indiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Food Mfg

12. Name John Tucker

13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Tucker

(b) Address 2348 Joppis

17. (a) Burial (b) Date thereof 8/18/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wt Washington

18. (a) Signature of funeral director Wm W. Moberg

(b) Address 2315 Linwood

19. (a) 8-18-45 (b) Stearline Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13 year 1945 hour 8:20 minute A M.

21. I hereby certify that I attended the deceased from 8:20 1945 to \_\_\_\_\_ 1945 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to Coronary sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 94a  
Of operations \_\_\_\_\_

Of autopsy no  
History & Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Jim Walker (M. D. or other) \_\_\_\_\_

Address 1124 Joppis Date signed 8-16-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18  
8  
2

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Ray E Snow

Licensed Embalmer No. 2560

P. O. Address RC MW

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**